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COLONEL FREER WAS ONE OF FOUR UNITED STATES
DELEGATES AT MEDICAL CONGRESS IN BRAZIL

Colonel Arden Freer, MC, Chief of Medical Consultants Division, Office of The Surgeon General, was one of four official delegates from the United States to attend the First Inter-American Medical Congress in Rio de Janeiro from September 7-15.

One other delegate, Dr. James A. Shannon, consultant to the U. S. Public Health Service, Federal Security Agency, traveled to Rio for the Congress. Two other doctors who are located in Brazil and named delegates were Captain Carroll P. Hungate, MC, United States Naval Reserve, and Captain John J. Wells, MC, U. S. Navy.

Colonel Freer reported upon his return that the chairman of the meeting on War Medicine and Surgery, one of 13 major sections of the Congress, was Colonel Dr. E. Marques Porto, MC, Brazilian Army. Colonel Porto was Chief Surgeon of Brazilian forces in Italy and well known to Medical Department officers who served there.

Two doctors who saw service in Italy with Colonel Porto read papers at the meeting. Colonel Charles Bruce, MC, assigned to Army Ground Forces, discussed "The Military Importance of Infectious Hepatitis." Dr. Howard E. Snyder, Winfield, Kansas, former Colonel in the Medical Corps, read a paper on "The Organization and Function of a Blood Transfusion Service."

Sponsored by the National Academy of Medicine, the Congress was attended by 956 doctors from 19 countries in the Western Hemisphere including 16 from the United States. In addition to the reading of scientific papers and visits to hospitals, the visiting doctors were entertained at dinners and short sightseeing trips. They were welcomed by the President of Brazil, H. E. General Eurico Gaspar Dutra, and other ranking government officials. Sir Alexander Fleming was guest of honor of the Congress.

The Congress voted to hold its next biennial meeting in Mexico City in 1948.

MORE

DIRECT COMMISSIONS AUTHORIZED IN SANITARY CORPS FOR ENLISTED MEN AND CIVILIANS

Enlisted men and civilians with appropriate background and training may now receive direct commissions in the Sanitary Corps of the Army Medical Department, the War Department announced recently.

A procurement objective for 100 Sanitary Corps officers was authorized this month. Upon recommendation of their commanding officers, enlisted personnel qualified as bacteriologists, biochemists, serologists, parasitologists, entomologists and sanitary engineers, with the necessary educational requirements may be commissioned directly into the Army of the United States.

Major General Norman T. Kirk, The Surgeon General, stated that this program will not conflict with Officer Candidate School graduates as the assignments of men receiving direct commissions will be of a highly specialized nature.

This latest move to augment the ranks of Sanitary Corps officers is in addition to a previously announced recall quota for 50 officers who had wartime service in the Sanitary Corps.

Qualifications for commissioning for both civilian and enlisted personnel are:

1. Bachelor's degree with an appropriate science major from an approved college or university.
2. A minimum of two years of appropriate experience obtained in the particular field in which the applicant is qualified and while in the employ of a municipality, an approved hospital, an approved college or university, or a governmental or approved private agency.
3. Qualified enlisted personnel, upon recommendation of their commanding officers, may be considered for a commission after completing one year of specialized activity in the Army, in lieu of 2 years experience.
4. Advanced degree of M.S. or Ph. D. will be considered if the applicant does not have sufficient experience qualifications.

MEDICAL ADVISORY COMMITTEE DISCUSSES POST WAR PROBLEMS AT FIRST MEETING

The Medical Advisory Committee to the Secretary of War recently appointed by The Honorable Robert P. Patterson held its first meeting in The Pentagon on September 18. Problems in postwar Army medicine were discussed.

Attending the conference were Major General Norman T. Kirk, The Surgeon General, Brigadier General Raymond W. Bliss, Deputy Surgeon General; Brigadier General Guy B. Denit, Chief of the Office of Plans and Operations; and the following consultants: Dr. Edward P. Churchill, Dr. William S. Middleton, Dr. Michael E. DeBakey, Dr. Hugh J. Morgan, Dr. Elliott C. Cutler, Dr. Maurice C. Pincoffs, Dr. William C. Menninger and Dr. Eli Ginzberg, Ph.D.

REHABILITATION CENTER FOR ARMY HARD OF HEARING CASES OPENED AT WALTER REED HOSPITAL

The Army's new and ultra-modern rehabilitation center for the deafened and hard of hearing has received 85 patients at the Forest Glen Section since it opened last week, Brigadier General George C. Beach, Jr., Commanding General of the Army Medical Center and Walter Reed General Hospital announced.

Designed as a special unit where the hearing-handicapped can have their disability appraised and corrected to the maximum extent through hearing aids, lip reading and speech correction, the Aural Rehabilitation Center will have sufficient space, equipment and staff to care for as many as 250 "students!"

The GI enrollees -- officers and enlisted personnel, women as well as men -- will, indeed, be students rather than patients. For persons ordered to the special Forest Glen facility, which is a section of Walter Reed General Hospital, will be those who are finished with treatment and surgery and who now require rehabilitative attention.

Director of the Center is Major Henry Cogswell Barnaby, an ear specialist who practiced in Glen Cove, Long Island, N.Y., before the war. Under him a staff of approximately 50, including 12 instructors in speech reading, six acoustic technicians expert in testing and fitting hearing aids, six technicians will teach how the device is most efficiently used, five speech correctionists and smaller numbers of specialists in other fields.

At various times during the war, the Army maintained hard of hearing centers at Deshon, Hoff and Borden General Hospitals. All three have now been closed out, Borden being the latest to go, and this type of case now will be concentrated at Walter Reed's Forest Glen unit.

Due to report within the next few days are 71 officer and enlisted personnel, including eight women, who will be assigned to Forest Glen. More than half of these, however, went through the rehabilitation course at Deshon, Hoff or Borden Hospitals and they probably will receive only final tests and, if needed, corrective instruction prior to separation from active Army duty.

What formerly was a sturdy, spacious barn at Forest Glen has been remodeled and refitted into a little city of soundproof rooms, lecture halls, laboratories and offices which is the Aural Rehabilitation Center. The only reminder of the structure's former character is a tiny figure of a cow which decorates the roof's weathervane.

Soundproof testing rooms, where doctors and technical experts will be able to tell precisely what the subject's hearing loss is, are on the bottom floor. The two upper floors will house offices of the administrative staff, record keeper and Red Cross unit.

REHABILITATION CENTER FOR ARMY HARD OF HEARING CASES (Continued)

T/5 John Farrier, 2221 N. Pollard St., Arlington, Va., a graduate electronic engineer, is in charge of the electro-acoustical laboratory. Francis L. Sonday, of Dawson, Pa., a former officer especially trained in acoustics, is helping to supervise installation of equipment and design of the soundproof rooms.

A sound direction unit, including a control and testing room, makes it possible to determine the exact angle of sound and assists the patient in learning to localize the source of sound.

The unit will have its own earmold laboratory, where dental technicians familiar with the handling and properties of acrylic plastics will make the ear-fitting molds into which the hearing aid's receiver is installed. Those molds are custom-made for each wearer, since no two individuals possess ear canals that are identical.

Lip, or speech, reading will be taught both in individual lessons and in class. A knowledge of its principles and fundamentals confers an added advantage upon the hard of hearing person, even if he is a successful user of a hearing aid.

Speech correction exercises will be given those whose enunciation or pronunciation has suffered as a result of hearing loss. Careful examinations and study will precede issuance of a hearing aid. Several types are tested on the patient and the one that gives the best results, and which satisfies the learner most, is the one ultimately selected.

Major Barnaby estimates that no more than 20 per cent of the Army's deafness and hard of hearing cases can be attributed to trauma, that is, to blast injury or some other combat-connected cause. The remainder were due to disease, infection after-effects or other unspectacular reasons.

Planned as an eight-week program, the rehabilitation course at Forest Glen has as its objective the transformation of every student into an independent, adjusted individual capable of resuming his or her place in society with the least possible handicap economically or socially.

**COLONEL BLANCHFIELD, ANC, REPORTS TROOP
HEALTH IN PACIFIC AS EXCEPTIONALLY GOOD**

Despite the rainy season which prevailed throughout most of the Pacific tour of Colonel Florence A. Blanchfield, Director of the Army Nurse Corps, she reported the health of troops was exceptionally good.

In her 60-day tour of inspection in which she visited practically every hospital installation in the theater, Colonel Blanchfield observed that patients were predominantly men and the bulk of the surgery cases were of a minor nature. Evacuation of patients is proceeding satisfactorily and there is no backlog of patient evacuees,

COLONEL BLANCHFIELD, ANC, REPORTS TROOP HEALTH IN PACIFIC etc. (Continued)

She said the morale among Army nurses was high and attributed it to the fact that Regular Army and Category I and II nurses have replaced those desiring to return to the United States for separation. Colonel Blanchfield described the living conditions of nurses under General Mac Arthur's command as adequate with a few minor exceptions.

The Army Nurse Corps Director summed up problems of administration in the medical service upon her return September 19 as follows:

1. Water Supply--In Japanese cities the water supply system was disrupted by war and has not been fully repaired. In Korea there are frequent breaks in water conduits which necessitate shutting off the water supply until repairs are made. That causes hardships and inconvenience.

2. Supplies--Medical supplies are adequate and problems of distribution have been ironed out.

3. Equipment--Quartermaster dumps are well-stocked. Rapid demobilization of military personnel created a problem of proper distribution.

4. Food Supplies--Rations are well-distributed. In Korea, at the far end of supply lines, the problem of overcoming food spoilage is of major concern.

5. Housing--In Japan, hotels have been taken over by the Army to house both military and civilian personnel. Nurses are comfortably housed for the most part.

6. Uniforms--Nurses continue to experience difficulty in replacing worn items of clothing.

7. Civilian Help--Civilian doctors, nurses and maintenance workers are abundant in Japan. In Korea, Okinawa and Guam, civilian help is difficult to obtain largely due to the demand for workers in industry. In the Philippines, the greatest problem, aside from language, is in retaining help once it is trained because of the shortage of skilled labor.

750 MORE ARMY NURSES NEEDED
TO MEET RECALL QUOTA OF 1,000

Major General Norman T. Kirk, The Surgeon General, reported that about 250 nurses have returned to active duty in the Army Nurse Corps but 750 more vacancies must be filled before November 30 to prevent a shortage.

During November and December approximately 3,500 nurses will be eligible for separation due to the volunteer statements they have signed. And about 75,000 soldier patients remain in Army hospitals throughout the world.

750 MORE ARMY NURSES NEEDED TO MEET RECALL QUOTA OF 1,000 (Continued)

A recall quota for 1,000 nurses was authorized by the War Department last month to guard against a possible Army nursing shortage. From a peak wartime strength of 56,000 nurses, the corps has dropped to less than 10,000 at present.

Nurses returning to duty are advised to bring along their favorite civilian clothes as they may be worn during off-duty hours.

On return to duty, the nurse will hold that rank she held immediately prior to processing for separation and she must sign up for 24 months or an unlimited length of time.

General standards which all returning nurses must meet are no dependents under 14 years of age, physical qualification for general duty, preferably under 34 years of age and unmarried. Those over 34 years with special qualifications will be considered.

WAR DEPARTMENT TO RELEASE EIGHT ADDITIONAL ARMY HOSPITALS BY DECEMBER 31

Eight additional Army General Hospitals will be declared surplus by the Army by December 31 of this year, the War Department announced.

On September 30, the following hospitals will be named surplus to the needs of the Army: O'Reilly General Hospital, Springfield, Missouri; Mayo General Hospital, Galesburg, Illinois; Cushing General Hospital, Framingham, Massachusetts.

Moore General Hospital at Swannanoa, North Carolina, will be released on November 15.

On December 31, Bruns General Hospital, Santa Fe, New Mexico, Halloran General Hospital, St. George, Staten Island, New York, and Mason General Hospital, Brentwood, Long Island, New York, will become surplus. Wakeman General Hospital, Camp Atterbury, Indiana, will be closed as a general hospital on the same date.

Present plans indicate that Veterans Administration will take over Cushing General Hospital and possibly Moore General Hospital. The State of Illinois has indicated it is interested in Mayo General Hospital.

Of the 65 General Hospitals the Army operated at the height of wartime hospital activity, 22 are in operation today. In addition, Old Farms Convalescent Hospital, Avon, Connecticut, is still maintained for treatment of soldiers blinded during the war.

FIELD MARSHAL MONTGOMERY BECOMES
HONORARY MEMBER OF NURSES MEMORIAL

Field Marshal The Viscount Bernard Law Montgomery, Chief of the Imperial General Staff, British Army, has received a scroll signifying his honorary membership in the Nurses National Memorial from two Army Nurses.

The presentation was made at a brief ceremony September 19 on the lawn of General of the Army Dwight D. Eisenhower's quarters at Fort Myer. Lieutenant Martha A. Jones, Hancock, New York, and Lieutenant Harriet Camille Rivenbark, 4102 Barnard Street, Savannah, Georgia, nurses at Walter Reed General Hospital, presented the scroll on behalf of the nurses.

A nationwide drive for funds to erect a memorial to all nurses will get under way November 17. The memorial will take the form of a building in Washington similar to the Army-Navy Club where any nurse visiting Washington is welcome.

Also honoring nurses who died in World War II will be Memorial Services at Arlington National Cemetery, October 20 at which the Honorable Robert P. Patterson, Secretary of War, will be the speaker.

PHYSICAL, EDUCATIONAL RECONDITIONING
INSTRUCTORS SOUGHT FOR ARMY HOSPITALS

Major General Norman T. Kirk, The Surgeon General, announced recently there was a need for physical and educational reconditioning personnel in the Army to continue on with the great convalescent reconditioning program practiced during the war.

At the same time he revealed that an eight-week course is planned for all qualified physical education instructors which will furnish a thorough review in anatomy, kinesiology and physiology as well as specific training in methods and techniques of physical reconditioning. In addition, orientation courses in occupational and physical therapy and administration will be given to effect maximum coordination in the over-all program in rehabilitating the sick and wounded soldier.

Because of the present shortage of officers and enlisted men in the physical reconditioning service, personnel who have had experience in that field, regardless of the arm or service in which they served, are sought.

Requirements are (1) previous military experience, (2) a minimum of two years' in a college physical education major course or its equivalent in experience, and (3) demonstrated ability for leadership.

Civilians with necessary backgrounds are being sought for military training so they may qualify under existing standards.

PHYSICAL, EDUCATIONAL RECONDITIONING INSTRUCTORS SOUGHT (Continued)

Persons interested in teaching and working with patients in educational reconditioning are also sought by the Army Medical Department.

In the larger Army hospitals reconditioning duties will be divided with physical reconditioning under the new Physical Medicine Service and educational reconditioning under the new Convalescent Services Division. In smaller hospitals these activities will be continued as before.

OPPORTUNITIES IN RECONDITIONING

Convalescent Reconditioning during the war was of such tremendous value that it will be continued in peacetime Army hospitals. However, certain reorganization has become necessary. In the larger Army hospitals Reconditioning will be divided, with Physical Reconditioning being included under the new Physical Medicine Service and Educational Reconditioning being placed under the new Convalescent Services Division or activity. In smaller hospitals, where it is impracticable to establish a separate Physical Medicine Service and a separate Convalescent Services Branch, the activity will be continued as heretofore as the Convalescent Reconditioning Service.

This field offers to presently active as well as former MAC, PC and SnC officers and to those of other arms and services, an excellent opportunity for a gratifying Army career in a field which is broad in scope and far-reaching in value.

In Physical Reconditioning, physical educators will find an unusual opportunity to serve in medical department installations.

Plans are under way for the establishment of a school for the training of Physical Reconditioning officers and enlisted men. It will be located at one of the Army medical centers. The prerequisites for officers seeking to enter this school are: (1) previous military experience, (2) a minimum of two years' attendance in a college physical education major course or its equivalent in experience, and (3) demonstrated ability for leadership. The requirements for enlisted men are in line with those of the officers.

The course will be eight weeks in length and will cover a wide scope. It is planned to give a thorough review in anatomy, kinesiology and physiology. In addition, medical orientation and the administration and organization of the Physical Reconditioning program will be covered. Specific training in the methods and techniques of Physical Reconditioning activities will be stressed. Management of supplies, equipment and facilities, together with personnel problems, will receive attention. Orientation in Occupational Therapy and Physical Therapy will be emphasized so as to secure the greatest possible coordination between these activities.

OPPORTUNITIES IN RECONDITIONING (Continued)

Because of the present critical shortage of officers and enlisted men in this service, officers who have had service in Physical Reconditioning are being sought for return to active duty. Officers in the Army who have the necessary prerequisites are being sought for this service. Civilians with necessary background of training and experience in Physical Education, but who have no military training, are being sought for military training in order to qualify for this work in the Army.

Those desiring further information should communicate with the Chief of the Physical Reconditioning Branch, Physical Medicine Consultants Division, Office of the Surgeon General, War Department, Washington 25, D. C.

Educational Reconditioning, likewise, offers excellent opportunities to those interested in teaching and working with patients during convalescence. The invaluable contribution made by Educational Reconditioning in returning individuals to duty in excellent mental condition, as well as physical, has become universally recognized.

Individuals interested in Educational Reconditioning should address further inquiries to Chief, Convalescent Services Branch, Office of the Surgeon General, War Department, Room 2E 528 Pentagon, Washington 25, D. C.

COLONEL J. E. ASH, ARMY INSTITUTE OF PATHOLOGY DIRECTOR, HONORED BY CLINICAL PATHOLOGISTS

Colonel James E. Ash, Medical Corps, Director of the Army Institute of Pathology, 7th and Independence Avenue, S.W., Washington, D. C., is holder of a resolution in recognition of his services given by The American Society of Clinical Pathologists.

Copies of the resolution were also sent by the Association to The Secretary of War, Chief of Staff, Adjutant General and Surgeon General of the Army. Colonel Ash was named Curator of the Army Medical Museum on February 1, 1937. When the Museum, founded in 1862, was renamed during 1944, Colonel Ash remained as its Director.

The renaming of the Army Medical Museum followed in the wake of the war as its chief activity shifted from that of a museum to professional research and study of pathological specimens returned from the world's battle-fields. Colonel Ash, whose home is at 8403 Dixon Avenue, Silver Spring, Maryland, is assigned to the Office of The Surgeon General, Major General Norman T. Kirk, Washington, D. C.

Resolution made public today stated in part..... "The Army Institute of Pathology has contributed immeasurably to the increasing knowledge in the medical field, particularly that of pathology, and has reflected credit on the Army Medical Department and the United States Army, and has fostered a

COLONEL J. E. ASH, ARMY INSTITUTE OF PATHOLOGY DIRECTOR HONORED (Continued)

military-civilian liaison that was nothing short of priceless in World War II. The leadership for these far reaching projects was from 1937 to the present vested in Colonel James E. Ash from whose inspiration, judgment and scientific acumen stemmed the success of many of these projects."

The resolution continued that the fellows of the American Society of Clinical Pathologists "record their appreciation of the achievements of the Army Institute of Pathology and express a profound sense of appreciation of the valuable contributions of Colonel Ash to the advancement of knowledge in the field of Pathology."

ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL WILLIAM L. WILSON, MC, of Greensboro, North Carolina, formerly of European Theater of Operations, assigned to Office of Personnel, Overhead.

LIEUTENANT COLONEL BYRON A. NICHOL, MC, of Silver Spring, Md., formerly of MDRP, Tilton General Hospital, Fort Dix, N.J., assigned to Physical Standards Division, Disposition & Retirement Branch.

LIEUTENANT COLONEL WALTER J. REEDY, MC, of Waukegan, Ill., formerly of European Theater of Operations, assigned to Preventive Medicine Division, Civil Public Health & Nutrition Branch, Civil Public Health Section.

LIEUTENANT COLONEL ISAIAH A. WILES, MC, of Morgantown, W. Va., formerly of Reception Station #4, Fort Bragg, N.C., assigned to Physical Standards Division, Induction & Appointment Branch.

MAJOR CHARLES B. HOOKER, MC, of Washington, D. C., formerly of Detachment of Patients, Brooke General Hospital, Fort Sam Houston, Texas, assigned to Physical Standards Division, Disposition & Retirement Branch.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

BRIGADIER GENERAL CHARLES B. SPRUIT, USA, of Washington, D.C., formerly of Office of Personnel, Overhead, assigned to Separation Center, Fort George G. Meade, Maryland.

COLONEL NORMAN E. PEATFIELD, MC, of Hamilton, Mass., formerly of Office of Personnel, Overhead, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

COLONEL ROGER G. PRENTISS, JR., MC, of Chevy Chase, Md., formerly of Army Medical Research & Development Board, Overhead, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

LIEUTENANT COLONEL LEE F. FERRELL, MC, of Albuquerque, New Mexico, formerly of Office of Plans & Operations, Education & Training Division, Troop Training Branch, assigned to Army Medical Center, Washington, D. C.

LIEUTENANT COLONEL ROBERT E. HAMMERSBERG, DC, of Carlisle, Pa., formerly of Dental Consultants Division, Dental Standards Branch, assigned to Army & Navy Medical Procurement Office, New York, N. Y.

LIEUTENANT COLONEL FORREST E. HULL, MC, of Los Angeles, Calif., formerly of Physical Standards Division, Office of The Chief, assigned to MDRP, Brooke Army Medical Center, Fort Sam Houston, Texas.

DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

MAJOR ALLAN PALMER, MC, of San Francisco, Calif., formerly of Historical Division, Editorial Branch, assigned to Army Medical Center, Washington, D. C.

CAPTAIN EDWARD R. TAYLOR, JAGD, of St. Albans, N. Y., formerly of Legal Division, assigned to Office of The Judge Advocate General, Washington, D. C.

1ST LIEUTENANT GEORGE W. JACOBS, MAC, of Washington, D. C., formerly of Medical Statistics Division, Statistical Analysis Section, assigned to Separation Center, Fort George G. Meade, Maryland.

PROMOTIONS, OFFICE OF THE SURGEON GENERAL

CAPTAIN TO MAJOR

GEORGE R. ALLAN, MAC, of Washington, D. C., of Office of Plans & Operations, Troop Units Division, Organization & Equipment Allowance Branch.